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\*\* CONTINUING DATA \*\*\*\*\* *none K.N.*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none K.N.***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY NY	SHEETS  DRAWING 4	TOTAL  CLAIMS 32	INDEPENDENT  CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Khemguyen</i> Examiner's Signature	<i>K.N.</i> Initials			

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**TITLE**

Bilayer wafer-level underfill

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